

**SUBMISSION TO INDIANA STATE EMPLOYEE SUGGESTION PROGRAM**

State Form 922 (R4 / 1-00)

FOR OFFICE USE ONLY

Name(s)	Agency / division / work unit	
Work address (<i>building, number, street, city, state, ZIP code</i>)	Work telephone number ()	Position / title
Agency with authority to implement your suggestion		
Subject of your suggestion:		
Describe the present situation which will be affected by your suggestion		
Describe your proposed solution and benefits (<i>continue on back and / or attach additional sheet(s), if necessary</i>)		

The State of Indiana encourages and rewards state employees whose innovative ideas improve efficiency and effectiveness of government and provides state managers with a tool to recognize employees whose creative ideas have improved the way we do business.

It is understood and agreed that the State of Indiana's only obligation to me upon receiving and adopting this suggestion shall be determined solely by the terms and the rules of the Indiana Employee Suggestion Program in effect on the date of receipt of this suggestion by the State Personnel Department.

Your signature	Date (<i>month, day, year</i>)
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Thank you for exercising your power of Suggestion!

Please allow 90 days for processing this suggestion. Direct any questions to the Suggestion Coordinator in the State Personnel Department at (317) 233-5519.

**Sign the completed form and mail to:
Special Projects, State Personnel Department, 402 West Washington, Room W161, Indianapolis, Indiana 46204**

USE THIS AREA TO EXPAND ON STATEMENTS YOU MADE ON THE FRONT OF THIS APPLICATION AND / OR ATTACH ADDITIONAL SHEET(S), IF NECESSARY

If your suggestion results in a "tangible" savings, please fill out the lower portion of this form as completely as possible. Your assistance in identifying the savings will help to accelerate the review process.

1. PRESENT COSTS

	Amount	X	Cost	=	Annual Expense
Labor	_____		_____		_____
Supplies / Equipment	_____		_____		_____
Printing	_____		_____		_____
Utilities / Services	_____		_____		_____
Postage	_____		_____		_____
Other	_____		_____		_____
TOTAL ESTIMATED PRESENT COSTS (1) ►					_____

2. PROPOSED COSTS

	Amount	X	Cost	=	Annual Expense
Labor	_____		_____		_____
Supplies / Equipment	_____		_____		_____
Printing	_____		_____		_____
Utilities / Services	_____		_____		_____
Postage	_____		_____		_____
Other	_____		_____		_____
TOTAL ESTIMATED PROPOSED COSTS (2) ►					_____

3. SAVINGS

Present Total Costs (1)	_____
Proposed Total Costs (2)	(-) _____
EQUALS 1ST YEAR SAVINGS (3)	(=) _____

4. IMPLEMENTATION COSTS

	Amount	X	Cost	=	Annual Expense
Labor	_____		_____		_____
Supplies / Equipment	_____		_____		_____
Printing	_____		_____		_____
Utilities / Services	_____		_____		_____
Postage	_____		_____		_____
Other	_____		_____		_____
TOTAL ESTIMATED IMPLEMENTATION COSTS (4) ►					_____

5. NET SAVINGS

1ST YEAR SAVINGS (TOTAL FROM 3 ABOVE)	►	_____
IMPLEMENTATION COSTS (TOTAL FROM 4 ABOVE)	►	(-) _____
EQUALS NET SAVINGS*	►	_____

The net savings during the first year of implementation will be the basis for any monetary award. In determining the amount of any award, the suggestion committee will use the following formula: For Savings of \$100,000 or lower, the amount of the award will be 5% of the first year's savings. For Savings of \$100,000 to \$200,000, the award will be 5% of the first \$100,000 plus 2.5% of the following \$100,000. For Savings above \$200,000, the award will be 5% of the first \$100,000 plus 2.5% of the following \$100,000 plus 1% of the savings above \$200,000. In any event, the maximum award will not exceed \$13,000.